

MONTANA UNDERGROUND STORAGE TANK PROGRAM

INSTALLER/REMOVER/LINER LICENSE APPLICATION

REFERENCE FORM

PLEASE TYPE OR PRINT CLEARLY. PLEASE BE SPECIFIC AS TO DATES, LOCATION, AND WORK COMPLETED. ATTACH ADDITIONAL SHEETS AS NEEDED.

This reference form is for _____, who is applying for a license to perform work on underground storage tank systems. The applicant is applying for the following license:

APPLICANT NAME

- ☐ Installer & remover
- ☐ Remover
- ☐ Installer - Corrosion Protection
- ☐ Installer - External Leak Detection
- ☐ Installer - Lining

This reference attests to the above applicant's professional experience, and competency. I understand that licensure will authorize the applicant to be responsible for installation and/or removal of facilities that store liquid petroleum or hazardous chemical products. I recognize that the health and safety of Montana's people, water supplies and environment are dependent on licensing only the most competent and conscientious persons for this work. I, therefore, understand my responsibility for completing this form accurately.

Reference's Name: _____

Address: _____

Phone: (____) _____ Cell Phone: (____) _____

Relationship to applicant (check all that apply):

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Former Employer | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Customer | <input type="checkbox"/> Friend | <input type="checkbox"/> Other(specify) _____ |

I have known the applicant from _____ to _____.
MONTH/YEAR MONTH/YEAR

I can personally attest to the following work the applicant conducted concerning underground storage tanks:

1. Underground Storage Tank Facility Name & Address: _____

Date work was conducted: _____

Description of work conducted by applicant:

Work was ☐ satisfactory ☐ unsatisfactory; explain.

2. Underground Storage Tank Facility Name & Address: _____

Date work was conducted: _____

Description of work conducted by applicant:

Work was ☐ satisfactory ☐ unsatisfactory; explain.

3. Underground Storage Tank Facility Name & Address: _____

Date work was conducted: _____

Description of work conducted by applicant:

Work was ☐ satisfactory ☐ unsatisfactory; explain.

☐ I consider the applicant to be qualified for an Underground Storage Tank License.

☐ I do not consider the applicant to be qualified for an Underground Storage Tank License.

Signed: _____ Date: _____

Please mail this form directly to:

Montana Department of Environmental Quality
Waste and Underground Tank Management Bureau
PO Box 200901
Helena, MT 59620-0901